

RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER

# CUNNINGHAM FALLS

14039 Catoctin Hollow Rd, Thurmont, MD 21788

**Monday, July 15, 2019**

**9:00am - 3:00pm**

**Departure Time: 9:15am**

\*The Center will not be open or staffed for the trip before 9:00am. Please arrive on time. The trip returns at 3:00pm, but the Center will be open until 6:00pm if members want to stay.



## Depart from/Return to Olde Towne Youth Center

301 Teachers Way  
Gaithersburg, MD 20877

**\$10**

## GYC & Student Union (Grades 6-12)

Questions? Contact Maura Dinwiddie  
301-258-6440 (Youth Center) or 301-258-6350 (office)  
301-948-8364 (fax)  
yc-oldetowne@gaithersburgmd.gov

Wear comfortable clothing & athletic shoes to hike to the falls! Bring a bathing suit, towel and change of clothes—we will be swimming! Bring water and lunch/snacks or money to purchase concessions.

Optional lunch is provided.

Bug spray and sunscreen are recommended.



### GYC & Student Union - Cunningham Falls 7.15.19 #8711

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City Resident ☐ Nonresident ☐  
Email \_\_\_\_\_

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			Cunningham Falls	OTYC		
			Cunningham Falls	OTYC		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐  
Please specify: \_\_\_\_\_

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ \_\_\_\_\_ Cash ☐ Check # \_\_\_\_\_  
Visa/MC/Disc/Amex# \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
Signature (name on card) \_\_\_\_\_  
Print Name \_\_\_\_\_

#### Office Use Only: 8711

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_  
W P M F Resident: Y N  
Pr: \_\_\_\_\_ Date: \_\_\_\_\_